

Joint BIP Stakeholders & Advisory Group Meeting

March 13, 2013

1:00-3:00 pm

Walker Building, Hearing Room A

Attendees: Valerie Acres, Wendi Aultman, Leslie Boggis, Jill Burke, Candace Cole-McCrea, Nanci Collica, Carl Cooley, Laura Davie, Ed Drury, Suellen Griffin, Mickie Grimes (for Carol Sideris), Rebecca Hutchinson, Kathryn Kindopp, Debbie Krider, Doug McNutt, Betsy Miller, Margaret Moser, Eileen Mullen, Kirsten Murphy, Beth Raymond, Erik Riera, Cindy Robertson (for Michelle Winchester), Joey Rolfe, Barbara Salvatore, Bernie Seifert, Dotty Treisner and Abbott Willard

Via Conference Call: Dan Hebert

Excused: Sarah Aiken, Kelley Capuchino, Brian Collins, Matt Ertas, Kim Firth, Vivian Green, Pam Jolivette, Karen Kimball, Susan Lombard, Doris Lotz, Jodie Lubarsky, Leslie Melby, Eldon Munson, Amy Pepin, Nancy Rollins, Timothy Rourke, Simone Roy, Pat Seaward and Carol Stamatakis

Don welcomed attendees and thanked the Public Utilities Commission for the use of the meeting space. Don sent a sign-in sheet around and asked those interested in stipends to indicate it on the sign-in sheet. Next, attendees were asked to introduce themselves.

Don stated the purpose of this meeting is to see one another, for the Stakeholder Committee to see who's represented on the Advisory Group and vice versa. Don previously distributed the meeting notes from the Feb. 13th Stakeholders Meeting. The PowerPoint (presented at that meeting) as well as the meeting notes are posted on the BIP Web site. Don had also distributed the Stakeholder listing and Advisory Group listing.

Before Don began with the "Informational Items," Kirsten spoke up and said she was confused as she was under the impression, from Nancy Rollins' letter, that there would be more DHHS/Advisory Group Representation at the meeting. She expected Nancy Rollins to be present. Don explained that Nancy wasn't able to attend due to illness and that Diane Langley was to arrive momentarily. Several other Advisory Group members had schedule conflicts or were out of the office.

Informational Items:

Living Well In Our Communities – A Conference hosted by The Center for Aging and Community Living: Several Advisory Group members plan to attend. Don asked if any Stakeholders plan to attend. There was no response. Don passed the flyer around. Laurie Davie spoke up and added that the conference's theme is along the same lines of the Real Choice Conferences held in the past. It targets providers and has great sessions to help providers in their work. This year, it touches on the same groups and areas the Balancing Incentive Program reaches. Laura said it will be an exciting day with an excellent Key-Note Speaker.

BIP Web Page: Some adjustments were made to the BIP Web page. If there is additional information folks want to see on the page, please let Don know.

Project Management Entity (PME) Contract: The contract is in the negotiation stage and is targeted for G&C approval on April 17. Doug McNutt asked about the number of bidders. Erik Riera replied that the Department cannot release that information yet. Doug asked what the holdup is. Erik explained the Department's process. Don added that with the political climate last fall, DHHS was delayed in releasing the RFP. These delays were due to several factors. At the Speaker of the House's request, BIP was presented to the Joint Health Insurance Reform Oversight Committee (oversees federal Affordable Care Act efforts in NH) for review before moving ahead for Fiscal Committee approval. There were further delays tied to the elections. Finally, DHHS did not feel it was appropriate to release the RFP until both the Fiscal Committee and G&C had approved accepting and expending the funds, which did not occur until December 5. The RFP was released on December 7.

Deliverables Due April 1:

One deliverable due April 1 is **training staff on answering the 1-800 line**. We are currently waiting for the PME to be on board to help us move that forward.

Don thanked everyone for sending in feedback regarding the Level 1 Screening questions. When the revisions are done, Don will get it back out to folks to look at.

A Stakeholder asked if the screening will be conducted by Department staff and not providers. Don answered, “Yes. We hope to conduct the initial screening so providers don’t have to collect the same information again.” A Stakeholder asked, “What do we do and how do we know what they need?” Don isn’t able to answer that question just yet. The databases used by the different Bureaus can’t communicate with each other presently. That said, with a direct-system access, we need to have a better system for making information on application processes and status easily available across program areas.

The Level 2 Screening is a “needs” assessment conducted in the various program areas. No changes will be made to those. The question was asked, “As a client needing a service, how do I get to the Level 1 Screening?” Don explained, “As part of No-Wrong-Door, it can be accessed at any of the full-access points, it will be available online and it will also be accessible through the 1-800 #. The screening has to be available however an individual contacts us.” A Stakeholder asked why not use BIP money for IT improvements if the State’s IT system doesn’t have the capabilities currently. Don responded that we can use BIP money to help with that, but the proposal needs to be reviewed and approved like all other proposals we want to consider for BIP funding.

Wendi reminded the group that the Level 1 Screening should also determine if an individual is eligible for Medicaid. Don reiterated to the group that the model is being built around the ServiceLink model and that BIP is being used to build and improve access and outreach. Don added that DHHS was also awarded a New Options Counseling Grant and stressed that a lot of resources are being pulled together to help put things into place.

The other deliverable involves **Conflict Free Case Management (CFCM)**. We have program areas discussing where we are with CFCM. CMS has a different perspective of what Case Management is, compared to what we consider as Case Management in NH. We want to get together with the CMS Technical Assistance folks to have a discussion about what Case Management is. Moving ahead with that, the CFCM Committee would like to identify Stakeholders to participate on the CFCM workgroup and move ahead with that piece. We will be moving ahead and contacting Stakeholders involved with Case Management.

CMS Requirements of CFCM:

1. Must not have any financial conflict of interest from someone providing Case Management services.
2. To greatest extent possible, every client has choice of providers.

There was some discussion that these requirements are not new, they have always been the requirements for Case Management although some challenge whether it’s actually the reality.

Regarding the deliverables due, Don has informed CMS that we’re working on them, but we’re not actually able to deliver on them yet.

Governor’s Budget: Funds have been placed in the Budget for BIP under DCBCS: \$8,008,008 for 2014 and again for 2015. Anyone who wants to see where that is in the Budget, Don can send it out. It includes more information on BIP, information that was shared with the Division III Finance Committee. It’s not posted yet. Don will distribute it in an email tomorrow.

The BIP Federal Program ends at the end of September, 2015. There will be funds in the Budget for the first 3 months of Fiscal Year 2016. Any of the required infrastructure changes must be completed by September, 2015. We anticipate having ongoing trainings and active initiatives underway at that time. Don has asked CMS if we can use BIP funds to continue them. CMS hasn’t responded yet.

Kirsten asked if the Sequester Budget would have any effect on the release of funds. Don expressed having that same question. If the amount approved for NH gets changed in any way, Don will let everyone know.

Roles of BIP Groups:

Don sent out an outline/overview of the different roles for the Stakeholder Committee and the Advisory Group and stated that the outline is meant to be a discussion piece. It's not a complete list. A lot of the roles are still "to be determined." Don opened it up to the room for comments and suggestions. There were no immediate responses from the group.

Don continued, stating that the outline specifies that the Stakeholder Committee will be actively involved in the concepts for Community Supports and Services (CSS) initiatives when they come in and for the proposals that get advanced as recommendations to the Department for funding. Margaret Moser interjected that money has already been given out. Don clarified that the money was for core-competency trainings only. The funds were distributed because of conversations between program areas and providers that identified needs for training in critical areas and agreed to move ahead with them. Some of the providers involved in that process are represented on the Stakeholder Committee. None of the community initiatives have been reviewed yet, nor have decisions been made one way or the other. There's been no activity there. Regarding infrastructure changes, such as CFCM, the Department wants to move ahead quickly to identify Stakeholders to participate. Once the PME is on board, we'll use that opportunity to bring the entire Stakeholder Committee up to speed, go back over the infrastructure requirements again. At that point, we'll identify Stakeholders who will actively work with the Department and PME going forward with planning, development and implementation of those infrastructure changes.

Doug commented that he saw some general language on it, but is still unclear on how the prioritizing of proposals to be funded will work. He asked how the proposals will be judged to ensure they meet the goals of BIP. Don stated that we'd come back to that topic a little later on in the meeting.

Candace commented on terminology stating that an "Advisory Group" advises people higher up, but the Advisory Group Members, in this case, are the people who determine what proposals will be funded. Don responded that the name of the Advisory Group was developed back when we were deciding to apply for the program. Candace continued, "DHHS is the sole authority on whether or not proposals are accepted. With that being the case, what do Stakeholders do?" Don replied, "The Advisory Group doesn't have all the information. You (the Stakeholders) are out there in the community. We will not make decisions on our own. We'll make decisions based on information coming up through the Stakeholders." Barbara commented that her understanding now is that the Advisory Group is really an "authorizing group" and not an advisory group. She wasn't aware there was another entity that the Stakeholder Committee feeds into and looking at the boxes (on the outline), the Advisory Group can't be advising the DHHS leadership because they are the DHHS leadership. Barbara emphasized that we need to be real in the terms and the descriptors so that it's very clear. Don replied that in a number of ways, the DHHS internal group is similar to the Stakeholder group. The DHHS group does not have authority to vote or make decisions. The Associate Commissioner's Office is the decision maker for BIP. Nancy Rollins receives information from the Advisory Group and the Stakeholder Committee. Nancy ultimately makes the decisions. This is something the Department decided. CMS has made it clear that all BIP decisions must be made by the Department. Barbara asked if it would be possible to create a flow chart showing the different groups and levels for BIP. Don thought that was a good idea and will create an organizational chart. When asked if the outline is factual, real or not, Don emphasized that the handout is an outline, it doesn't list all the roles. There will be further detail.

Kathy Kindopp asked if CMS requires a certain structure with a Stakeholder Committee and stated that they've been asked to participate before and walked away feeling that their input wasn't valued, that they were just there at the table. This time they are hoping to really be part of it and want to believe in it. They don't want to walk away after 18 months having to own it if they're not valued participants. Don appreciated Kathy's comment and reiterated that the Department is fully committed to a full involvement with the Stakeholders.

Debbie Krider commented that it would be helpful for Don to explain again why the funds already carved out for training, is **not** how it will be going forward. She doesn't think Nancy's letter addressed any of it and wants to be assured the time put in is worthwhile.

Don explained that with applying for BIP and talking to different program areas and providers about training critical to the goals of BIP, it was something we could spend money on right away. Diane Langley added, "The BIP concept is new to everyone. We brought Stakeholders in to involve people and to make a general commitment, to make a difference, crossing boundaries of different programs. There was a group of different agencies that planned and recognized what needed to happen in terms of training, something they could do right away. We're here today to say it did happen. Maybe we could have handled it better, but this is a new process for us all. We're not always going to agree on everything."

Kirsten responded that she accepts that response and thinks another lesson can be learned from it also: with that well organized group of providers, a group not represented was consumers. Consumers are an important part of that group. That timeline was compressed in a way that those providers did not have the opportunity to gather feedback from consumers.

Candace asked if there were other proposals that came in at that same time or just these proposals that were funded as she was under the impression that proposals received were just being added to a stack. Don responded that only core-competency training proposals were moved ahead.

Doug interjected that the Department gave away 10% of the money already? Therefore, what do they do? He strongly feels BIP money should be used to meet the needs that are out there and is concerned that the Department will jump on proposals that come along. What is the vision? Is there a vision?

Betsy asked because \$10M is for Infrastructure changes, \$10M for Community initiatives and \$5M for Training activities, is the Stakeholder group to focus on Community Supports and Services only. Don replied, "Community initiatives and Infrastructure changes."

Debbie Krider commented, "I want something good to come out of it. You state \$10M for Infrastructure changes; however, it sounds like the Department isn't sure what it's going to cost. How does the Department know there's enough money?" Don said that he will speak with Nancy Rollins about sharing his breakdown of cost estimates for Infrastructure changes.

A suggestion was made for the Stakeholder Committee to do some brainstorming work at their next meeting in April. Don agreed and does not want to wait for the PME as the next Stakeholders Meeting is before the contract will get approved. The Stakeholders will brainstorm on what we see as BIP priorities. As we start to look at proposals, having the priorities set in advance will help. 8-10 of the Stakeholders participated in the SIM brainstorming session as well, which will also be helpful.

It was Barbara's understanding that both BIP and SIM are supposed to figure out how to eliminate the silos and added, "The carve-out of money perpetuated the silos." Barbara then gave examples of merging the silos and continued, "Trainings that were carved out were silo-specific as far as staff and it was a real lost opportunity." Don asked if it would be helpful to have the Department identify long-term care initiatives we're looking at, identify them with short descriptions, show what the hierarchy is and what integration we see amongst programs? Doug would like Nancy to expound on that. Margaret Mosher commented that as a former BEAS employee, she understands programs can be protective over their pot of money. She was hoping between SIM and BIP, the Department would try to merge as many programs as possible. This conversation is starting to make her feel better.

Debbie Krider asked if something can be done with the trainings. Can they be recorded and be put on the Web? Her staff is struggling with behavioral health needs for their clients. Can trainings be put out there for all to view? Don responded that he is stressing the need for Web-based trainings and Train-the-Trainer models. Point well made.

Leslie Boggis stated, “As someone working on the grant awarded for trainings, she wants everyone to know that they *are* looking across programs, across disabilities, so it is available across the board and not in silos. The training is not as limited as it sounds. To start, it is one population, but let us show you the design of what we’re doing and how this model might work.” Margaret suggested that be a prerequisite for the Stakeholder Committee to recommend a proposal for funding.

Candace agrees and believes that in Social Services, we are 10-20 years behind medical science. We need to talk about the whole person, whole health, not boxes or silos.

Regarding the next meeting, Nanci Collica suggests focusing on the criteria and requiring that proposals must cross systems. Doug doesn’t think decisions could be made right now regarding the projects listed, not before determining the criteria. Candace would like some demographic information before determining what to build for. Betsy mentioned Steve Nortin’s Silver Tsunami Report. Don will email links to the types of demographic information that Betsy is referring to.

Kathy Kindopp, representing the Nursing Home industry for 25 years, talked about the folks entering Nursing Homes back in 1995. Many of them would be considered appropriate for assisted living today. They were older folks with dementia, etc. It’s different now, Nursing Home clients are younger, more disabled, and have multi-diagnoses who are struggling to maintain a stability of health. We’re seeing folks in their 20s and 30s who are very ill, younger individuals who present as much older. That’s what she’s seeing for demographics in Nursing Homes.

For the April brainstorming meeting on criteria for funding, Don would like each Stakeholder to email him, by Wed., April 20th, a written paragraph of the change we’re trying to create. Barbara asked if the thoughts of the SIM group could be shared at the meeting as they did some brainstorming on this as well. Doug asked if BIP is a pilot program for the SIM Grant and expressed doing this in a coordinated way to put it in motion.

Framework of Proposals: Barbara suggested, once we have a vision, it should be sent to those that already submitted proposals for them to resubmit, adhering to the vision. The key will be establishing the priorities and how each fits in with the priorities. Proposals that demonstrate cutting across all silos will be priority. Wendi asked about sending out the framework that was already decided on.

A question was asked about the meaning of “Medicaid allowable purposes.” Don explained that it means efforts that Medicaid will pay for.

A suggestion was made for a numerical ranking for proposals as not everyone can be at every meeting. This can allow folks to score proposals on a scale, for consistency purposes.

Nancy Collica asked, “Will stakeholders be involved in monitoring the initiatives that are funded?” Don answered, “Yes. Outcomes and performance will be key. There will be measures specific to the initiatives. Where do we want them to go? How will we know when they get there? How will we pursue doing that after BIP funds end? The input of this group will be critical.”

Wrap Up:

- Don has a list of materials he’ll email out to Stakeholders ASAP.
- The April Meeting will include brainstorming on criteria for funding.
- Stakeholders will send in a written paragraph on the change we’re trying to create.
- Don will look for a meeting location conducive to brainstorming.
- Next Meeting, Wed., April 10th, 1:00-3:00 (Room TBD)

Meeting adjourned at 2:57 pm.

Submitted by: Marsha Lamarre, BEAS Administrative Assistant